REQUEST FOR ENVIRONMENTAL AND

MORALE LEAVE (EML) ORD		T STATEMENT				
The information requested herein is solid members. Use of the SSN is necessary approval/authentication, and it enables m is not mandatory, but failure to do so wou	to make positive identification of the in- embers in overseas areas to procure t). This information will be cividual records. This info ransportation to and from	used as an auth ormation become the Aerial Port o	norization to es the reco	o travel by EML eligible ord copy of orders after ition. Giving this information	
SPONSOR'S NAME (Last, First, M.I.):		RANK/RATE:		SSN:		
COMMAND:		DA		DATE AF	DATE ARRIVED ON STATION:	
DATE LEAVE COMMENCES:	DATE LEAVE EXPIRES:	DESTINATION: (ONE DESTINATION ONLY)				
TRAVEL IS FOR: () Spansar only 3	() Family Members only	() Sponsor and Family	Member			
	FAMILY MEMBE	RINFORMATION				
NAME (Last, First, M.I.)		RELATIONSHIP	DATE OF BIRTH		PASSPORT_NUMBER	
			 	• •		
		JCTIONS				
AN APPROVED LEAVE REQUESTIAL ENSURE TIMELY PROCESSING, PLE SERVICING PERSUPPDET AT LEAST PASSPORT AND THE REQUIRED VIS	ASE PROVIDE ALL THE INFORMATE	LEAVE-COMMENCES.	ALL FAMILY ME	MBERS	MUST HAVE A VALID	
		AVEL TIPS				
THE FOLLOWING INFORMATION IS ADMINISTRATION OFFICE. REVIEW COORDINATOR, AVAILABLE AT YOU	/ Herincoacins 1/UU_3ERJES /	AIO LI L DOIGE HOL.		CONTAC UED BY	CT YOUR UNIT'S THE AREA	
Sponsor is not required to be on let Each sponsor and family member is controls to ensure equitable travel	i earlier than the date shown in the UA	Your command and the interest of the interest	S" block, Make travel season a	sure this	is the date you	
at your EML destination. Family members who are 18 years adult EML eligible family member. You must be aware of any travel re EML travel is on space available by	of age or older may travel by themselve	es, but those under 18 yea nave enough (unds to pay	rs of age must l	pe accomi	panied by an	
SPONSOR SIGNATURE:		OATE.				